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TO ADDRESSEE" service under 37 C.F.R. 1.8 on the date Alexandria, VA 22313, 1450.	indicated above and is addressed to the Commissioner For Patents,
Name: Neil Sagros, III	
	8/22/06
Signature	Date
IN THE UNITED STA	ATES PATENT AND TRADEMARK OFFICE
In re Application of: Gunn III, et al	Attorney Docket No. LUX-P020
Serial No.: 10/776,146	Examiner: Song, Sarah U
Filed: 02/10/2004	Art Unit: 2874
For: Optical Waveguide Grating Coupler with Commissioner of Patents	Varying Scatter Cross Sections
P.O. Box 1450 Alexandria, VA 22313-1450	
ATTN: Mail Stop Amendment	
AMEND	MENT TRANSMITTAL LETTER
Dear Sir:	
	lowing documents relating to the above-identified patent application are
being transmitted herewith.	20
X a. An Amendment for this applicationb. Substituted Drawings:	: <u>_39_</u> pages. sheets.
c A Petition For Extension of Time For	or Response under 37 CFR 1.136(a) incorporated herein.
d. An Information Disclosure Statemen	nt under 37 CFR $\underline{\hspace{1cm}}$ 1.97(b) $\underline{\hspace{1cm}}$ $\underline{\hspace{1cm}}$ 1.97(c)
X e. A stamped, self-addressed, return po	
	510.00 to cover required fees of this correspondence.
2. APPLICANT FILING STATUS:	
a. Applicant is a Large Entity.b. Applicant is a Small Entity.	
A 0. Applicant is a Small Entity.	
3. EXTENSION OF TIME:	
X a. Applicant petitions for an extension	of time under 37 C.F. R. 1.136 for the total number of months checked
below (fees pursuant to 37 C.F.R. 1.1	
Extension of Time	Large Entity Fee Small Entity Fee
i. One (1) month.	\$ 120.00\$ 60.00
ii. Two (2) month.	\$ 450.00 \$ 225.00
iii. Three (3) month.	\$1,020.00 <u>X</u> \$ 510.00
iv. Four (4) month.	\$ 1,590.00\$ 795.00
v. Five (5) month.	\$ 2,160.00 \$ 1080.00
Extension Time Fee Total:\$510.0	<u>00</u>
b. Applicant believes that no extension of	time is required. However, this conditional petition is being made in

case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is

hereby authorized to charge any necessary amount associated with this communication or credit any

overpayment to Deposit Account No: 500482.

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	47	- 97 =	0	x \$ 50.00 Large Entity x \$ 25.00 Small Entity	\$0.00
b. Independent Claims	4	- 7=	0	x \$200.00 Large Entity x \$100.00 Small Entity	\$0.00
c. Multiple Deper	ndent Claims Added	By This Amendment		x 360.00 Large Entity x 180.00 Small Entity	\$0.00
d. Extension of T	ime Fee Total, if any,	, from above EXTEN	ISION OF TIME	E section 3a.	\$510.00
	s Required With This for Information Disc				\$0.00
e. Total Fees			\$510.00		

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5. PAYMENT OF FEES	
The full fee due in connection with this communication is provided as follows:	,

	The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No: 500482 . A <u>duplicate copy</u> of this authorization is enclosed.
<u>X</u> _	A Check # 1663 for \$ 510.00 for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482.
	Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

Please direct all correspondence concerning the above-identified application to the following address:

CUSTOMER NO: 22877

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Fax: (650) 325-1203

Respectfully submitted,

Dennis S. Fernandez Registration No. 34,160